

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

324481 3/16/89

APPLICANT(S)

Springer, T. B. et

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1	/						51	/		
2		/					52	/		
3	/						53	/		
4	/						54	2		
5	/						55	2		
6	/						56	2		
7	/						57	2		
8	/						58	2		
9	/						59	2		
10	/						60	/		
11	/						61	/		
12	2						62	2		
13	/						63	2		
14	/						64	2		
15	/						65	/		
16	/						66	/		
17	/						67	/		
18	5						68			
19	3						69	/		
20	/						70	/		
21	5						71	/		
22	/						72	/		
23	/						73	/		
24	/						74	/		
25	3						75			
26	3						76			
27	/						77			
28	/						78			
29	/						79			
30	/						80			
31	/						81			
32	/						82			
33	/						83			
34	/						84			
35	/						85			
36	/						86			
37	/						87			
38	/						88			
39	/						89			
40	/						90			
41	/						91			
42	/						92			
43	/	/					93			
44	/						94			
45	/						95			
46	/						96			
47	/						97			
48	/						98			
49	/						99			
50	/						100			
TOTAL IND.	10						TOTAL IND.	9		
TOTAL DEP.	55						TOTAL DEP.	34		
TOTAL CLAIMS	65						TOTAL CLAIMS	33		